PARTICIPANT RELEASE

The DEACONESS COMMUNITY ELCA

I, hereby authorize the **Deaconess Community** (ELCA) or its assigns, herein after referred to as the Producer; to record on film, video or audio tape, photograph or otherwise use my name, likeness, image, voice, interview and/or performance and to use or authorize others to use this recording, video/audio, film or photograph or any part thereof, on an irrevocable and unlimited basis in all markets and media now known or hereafter devised throughout the world for **NO CHARGE** for use in various productions.

_____

I release all claims for copyright, ownership or compensation. I additionally authorize the Producer to use my name, likeness, voice, performance and biography to publicize or promote their production without any compensation or payment being made for any such use or further use thereof on an unlimited and irrevocable basis in all markets and media now known or hereafter devised throughout the world.

Signature_____ Date:_____

PLEASE PRINT

Name:_____ Age:_____

Address:_____

_____

Telephone:_____

Email:_____

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IF PARTICIPANT IS A MINOR (under 18 years of age), PARENT OR GUARDIAN MUST EXECUTE THIS RELEASE.

I agree on behalf of my child, _____

_____ _____ _____

Signature of Parent or Guardian Date Relationship to child

Please Print Name:_____

Address:_____

_____

Telephone:_____ Email Address:_____

If you have not already turned in a form, please sign and return this form to the Deaconess Office, 8765 W. Higgins Rd., Chicago, IL 60631. If you do not wish to give the Community the release as specified above, please insert the words "DO NOT" in the appropriate place and sign the form and return it to the office.